

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5919</u>	2. Fiscal Year Covered From: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Through: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
3. Name and address of person filing. Name <u>Patrick M Gallagher</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	4. Name, file number, and address of labor organization. Name <input type="text"/> Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
5. Position in labor organization. <input type="text"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <u>Emcone / Hayes Mechanical</u> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>2160 NORTH ASHLAND</u> City <u>CHICAGO</u> State <u>IL</u> ZIP Code + 4 <u>60614</u>	7.a. Nature of Interest, Transaction, or Income. <u>LABOR/MANAGEMENT TRI-PARTITE CONF. DINNER. ATTENDED BY UTILITY OWNERS, LABOR AND CONTRACTORS. OCT. 2004</u> 7.b. Amount. <u>\$ 75.00</u>
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Signature

Patrick M Gallagher

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Patrick M Gallagher

On

8-11-2004

Date

Telephone Number

Name of Person Filing *PATRICK M GALLAGHER*

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *PRESCRIPTION SOLUTIONS*
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street *3515 HARBOR BLVD*
City *COSTA MESA*
State *CA* ZIP Code + 4 *92626*

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *BOILERMAKERS NATIONAL FUNDS*
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street *754 MINNESOTA AVE*
City *KANSAS CITY*
State *KS* ZIP Code + 4 *66101*

11.a. Nature of such dealing.

*PROVIDER OF PRESCRIPTION BENEFITS
FOR TART-HATLEY PLANS.*

11.b. Approximate dollar value of such dealing.

- 0 -

12.a. Nature of interest held or income received.

*DINNER MEETING TO DISCUSS WAYS
TO REDUCE COSTS TO OUR H&W
PLAN APRIL 7TH 2004*

12.b. Amount.

\$ 70.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing PATRICK M. GALLAGHER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ROBEKO INVESTMENT MANAGEMENTTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 28 STATE STREETCity BOSTONState MAZIP Code + 4 02109

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BOILERMAKERS NATIONAL FUNDSTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 754 MINNESOTA AVECity KANSAS CITYState KSZIP Code + 4 66101

11.a. Nature of such dealing.

MANAGES TAPT-HARTLEY PENSION PLANS

11.b. Approximate dollar value of such dealing.

- 0 -

12.a. Nature of interest held or income received.

THEY SAW MY BOILERMAKER SHIRT AND ASKED ME TO JOIN THEM FOR DINNER. I TOLD THEM I WAS A HEALTH, WELFARE TRUSTEE AND NOT ON PENSION OR ANNUITY. NOV 10th 2004

12.b. Amount.

\$ 80.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>PATRICK M. GALLAGHER</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Boiler Makers National Health Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>754 MINNESOTA AVE</u></p> <p>City <u>KANSAS CITY</u></p> <p>State <u>KS</u> ZIP Code + 4 <u>66101</u></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p><u>PROVIDES HEALTH CARE BENEFITS FOR BOILERMAKERS PARTICIPANTS</u></p> <p>11.b. Approximate dollar value of such dealing. <u>145,000,000</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>REIMBURSEMENT FOR SPECIAL MEETING TO GO TO hours PDUS HAS WORKED FOR FOOD, ROOM, RENTAL CAR, AIRLINE TICKET</u> <u>Dec. 6th - 9th 2004</u></p> <p>12.b. Amount. <u>\$ 932.00</u></p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <p>_____</p> <p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing PATRICK M. GALLAGHER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BOILERMAKERS NATIONAL FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 754 MINNESOTA AVECity KANSAS CITYState KSZIP Code + 4 66101

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDES FUNDS SUCH AS H₂O,
PENSION & ANNUITY TO BOILERMAKER
PARTICIPANTS

11.b. Approximate dollar value of such dealing.

\$6.5 billion

12.a. Nature of interest held or income received.

Reimbursement of Expenses for
Compensation Committee OCT 10th
11th FOR ROOM, FOOD, AIRLINE
TICKET

12.b. Amount.

\$ 879.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing <u>PATRICK M GALLAGHER</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>FCI</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>442 WEST 4TH STREET</u></p> <p>City <u>KANSAS CITY</u></p> <p>State <u>MO</u> ZIP Code + 4 <u>64112</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>BOILERMAKERS NATIONAL H&W FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>754 MINNESOTA AVE</u></p> <p>City <u>KANSAS CITY</u></p> <p>State <u>KS</u> ZIP Code + 4 <u>66101</u></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>FCI INVESTS THE ASSETS OF THE BOILERMAKERS H&W FUND</u> </div> <p>11.b. Approximate dollar value of such dealing. <u>\$145,000,000</u></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <u>DINNER AND COMMEMORATIVE DUFFEL BAG FOR 30 YEARS OF SERVICE TO THE FUND (9/20/04)</u> <u>PAT GALLAGHER 100.00</u> <u>KATHY GALLAGHER 35.00 - wife</u> </div> <p>12.b. Amount. <u>\$135.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing <u>PATRICK M. GALLAGHER</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>BOILERMAKERS NATIONAL H&W FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>754 MINNESOTA AVE</u></p> <p>City <u>KANSAS CITY</u></p> <p>State <u>KS</u> ZIP Code + 4 <u>66101</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>PROVIDE HEALTH CARE BENEFITS FOR BOILERMAKER PARTICIPANTS</u></p> <p>11.b. Approximate dollar value of such dealing. <u>145,000.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>REIMBURSEMENT FOR FULL BOARD MEETING EXPENSES SEPT. 17th - 21st FOR ROOM, RENTAL CAR, FOOD, AIRLINE TICKET</u></p> <p>12.b. Amount. <u>1,416.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing

PATRICK M. GALLAGHER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Boilermakers NATIONAL HqW Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 754 MINNESOTA AVECity KANSAS CITYState KSZIP Code + 4 66101

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provide HEALTHCARE BENEFITS
FOR BOILERMAKER PARTICIPANTS11.b. Approximate dollar value of such dealing. \$145,000,000

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR FULL BOARD MTG.
EXPENSES, ROOM, AIRLINE TICKET,
FOODJUNE 17th - 22nd 2004

12.b. Amount.

\$990.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>PATRICK M GALLAGHER</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>BOILERMAKERS NATIONAL H&W FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>754 MINNESOTA AVE</u></p> <p>City <u>KANSAS CITY</u></p> <p>State <u>KS</u> ZIP Code + 4 <u>66101</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>PROVIDE HEALTHCARE BENEFITS FOR BOILERMAKER PARTICIPANTS</u></p> <p>11.b. Approximate dollar value of such dealing. <u>145,000.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>REIMBURSEMENT FOR EXPENSES FOR THE PRESCRIPTION DRUG SUB-COMMITTEE. ROOM, AIRFARE, FOOD APRIL 7th - 9th 2004</u></p> <p>12.b. Amount. <u>\$ 875.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing

Patrick M. Gallagher

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Boilermakers National Hq' Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 754 MINNESOTA AVE.City KANSAS CITYState KS ZIP Code + 4 66101

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTHCARE BENEFITS
FOR BOILERMAKER PARTICIPANTS

11.b. Approximate dollar value of such dealing.

145,000,000

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR FULL BOARD
MEETING EXPENSES MAR 14-17
2004 FOR ROOM, RENTAL CAR,
FOOD, AIRLINE TICKET.

12.b. Amount.

1,040

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

PATRICK M. GALLAGHER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BOILERMAKERS NATIONAL H&W FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 754 MINNESOTA AVE

City KANSAS CITY

State KS

ZIP Code + 4 66101

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PROVIDE HEALTH CARE FOR
BOILERMAKER PARTICIPANTS

11.b. Approximate dollar value of such dealing.

145,000,000

12.a. Nature of interest held or income received.

ACIMBURSEMENT FOR ADMINISTRATIVE
MEETING EXPENSES JAN. 17-19, 2004
FOR ROOM, RENTAL CAR, FOOD,
AIRLINE TICKET.

12.b. Amount.

1,000.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

PATRICK M. GALLAGHER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name GLABAP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 566 WEST 95th STREET

City OAKLAWN

State IL ZIP Code + 4 60453

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Boilermaker APPRENTICE TRAINING
FOR THE GREAT LAKES AREA

11.b. Approximate dollar value of such dealing. \$1,900,000

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR FULL
BOARD TRUSTEE EXPENSES
6/16/2004
FOOD, AIR FARE, AIRPORT TRANSPORT

12.b. Amount. \$394.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

PATRICK M. GALLAGHER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name GLABAP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 566 WEST 95th STREET

City OAKLAWN

State IL ZIP Code + 4 60453

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Boiler maker APPRENTICE TRAINING
FOR THE GREAT LAKES AREA

11.b. Approximate dollar value of such dealing.

4,900,000

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR FULL
BOARD TRUSTEE EXPENSES
12/14/04
AIRFARE, FOOD, TRANSPORTATION

12.b. Amount.

\$ 396.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.